

▶ SHIELDS OUTCOMES

HIV

Human immunodeficiency virus (HIV) is a virus spread through contact with certain fluids of an infected person, attacking the immune system and affecting the body's ability to fight infections and certain cancers. HIV is uncurable and can progress to the most advanced disease stage if left untreated, known as Acquired Immunodeficiency Syndrome (AIDS).¹



There is no cure for HIV, but with proper medical care and the use of a potent combination of medications known as antiretroviral therapy (ART), HIV has become a manageable chronic condition. This combination therapy has proven to reduce health complications associated with the disease, increase life expectancy and prevent transmission.²

What is goal of therapy: The goal of therapy is to reduce the amount of HIV in the body (viral load) to a very low or undetectable level, which keeps the immune system working and prevents complications. When the viral load reaches this level, it is referred to as viral suppression, or having less than 200 copies of HIV per milliliter of blood.³

AVERAGE VIRAL SUPPRESSION



Why viral load matters. Keeping a patient's viral load low is essential in helping them live longer, healthier lives while also reducing their chances of transmitting the virus to others. To maintain a low viral load, patients must adhere to ART and keep up with routine appointments. Nonadherence to ART may reduce treatment response, increase drug resistance and morbidity, and even result in death.⁷

3 Common Barriers to the Treatment & Management of HIV



Lack of financial resources



Lack of personal support (stigma, etc)



Lack of education on disease state and treatment

MILLION
HIV PATIENTS
IN THE U.S.4



Breaking Down Barriers to Care

OUR SHIELDS CARE MODEL







>150

HIV Clinics

11,000

HIV patients with access to the Shields Care Model

HIV



OUR PROVEN SHIELDS CARE MODEL BREAKS DOWN BARRIERS TO CARE TO OPTIMIZE PATIENT OUTCOMES.

Shields Health Solutions' dedicated clinical team of pharmacists, liaisons and patient support advocates, engages patients and their families to help educate, coordinate care and ensure patients receive specialty medication without significant delays.

ENGAGE

Our clinical team engages with patients at the clinic and through telehealth appointments, stressing the importance of therapy adherence and routine lab work.

INTERVENE

Our clinical team intervenes to improve the patient's care plan, mitigates side effects, monitor drug interaction(s), and analyze lab results early to prioritize medication therapy.

COORDINATE

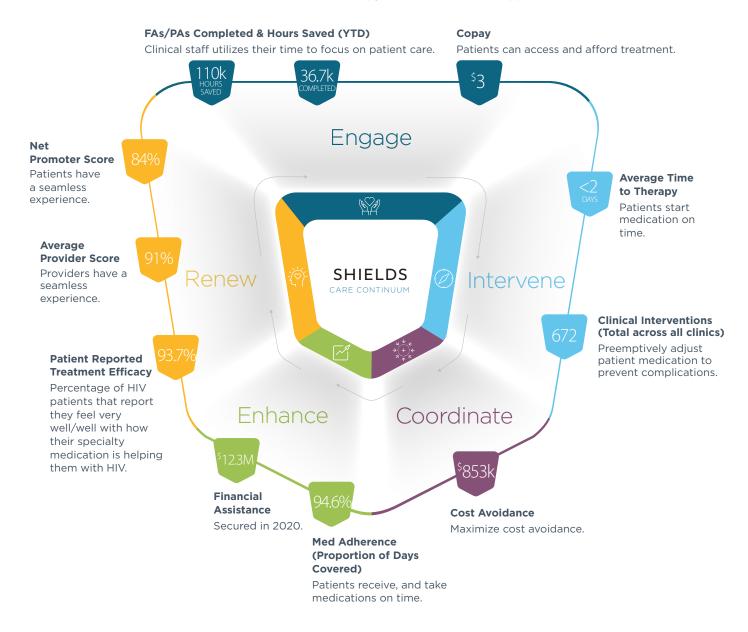
Our clinical team investigates patient benefits, completes prior authorizations and identifies financial assistance, minimizing barriers to optimal therapy.

ENHANCE

Through clinical interventions, we can enhance patient care by providing support, education, and optimizing therapy to help patients achieve and maintain a viral load suppression.

RENEW

Proactively identify opportunities to improve patient care, monitor patient progress, and outcomes at each touchpoint.



About HIV/AIDS | HIV Basics | HIV/AIDS | CDC Accessed 04.12.21 What Are HIV and AIDS? | HIV.gov Accessed 04.12.21

AdultandAdolescentGL.pdf (hiv.gov) Accessed 04.12.21
Treatment | Living with HIV | HIV Basics | HIV/AIDS | CDC Accessed 04.12.21

³ HIV Treatment as Prevention | HIV Risk and Prevention | HIV/AIDS | CDC Accessed 04.21.21

⁴ Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America | Clinical Infectious Diseases | Oxford Academic (oup.com) Accessed 04/12/21

 $^{^{\}scriptscriptstyle 5}$ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. Published December 2020. Available at hab.hrsa.gov/data/data-reports. Accessed March 14, 2019

⁶ Harris NS, Johnson AS, Hu+C14ang YA, et al. Vital Signs: Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis — United States, 2013–2018. MMWR Morb Mortal Wkly Rep 2019;68:1117–1123. Accessed March 14, 2020

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